# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER							
Bergin	ergin Patricia						С
Last Name	e	First Name					M.I.
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS				N MEMBERS
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Danastasas	-4						
Departmer	nt		Board/Commission Name 07/01/2016 06/30/2019				10040
						/2019	
Division			BEGIN END				
			Term of Office (mm/dd/yyyy)				
Position							
	R EACH ITEM, EXCEPT ITEM 9, DISCLOBBREVIATIONS: "F" for filer, "SP" for spouso						
	ITEM 1: INCOME FOR SERVI	ICES RENDER	ED FOR PR	ECE	DING CALENDA	R YEAR	
	ce and amount of all income of \$1,000 or markened FROM YOUR STATE POSITION), a					services re	endered (INCLUDING
F,SP, DC,JT			AMOUNT S		SERVICES RENDERED		
- , -							
Chec	k here if entry is None			<b>√</b> (	Theck here if add	ditional s	heets are attached
	ITEM 2: OWNERSHIP	OR BENEFICI	AL INTERE	STS	IN BUSINESSES	3	
	unt and identity of every ownership or benef	ficial interest held	d during the d	disclo	sure period in any	business	
	nterest has a value of \$5,000 or more or is e FOCKS, MUTUAL FUNDS OR OTHER NON						
Please see in	nstructions available at <a href="http://ethics.hawaii.g">http://ethics.hawaii.g</a>	<u>jov</u> .					
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	LISINESS	N	ATURE OF INTERE	ST	VALUE OR NO. OF SHARES
20,01		10.110112-01-2	00	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. 5. h
				<u> </u>			
✓ Check here if entry is None				c	Check here if add	ditional s	heets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TR	RANSFERRED DURING THIS D	DISCLOSURE PERIOD	DATE OF TRANSFER		
	ck here if entry is None		Check here if additiona	al sheets are attached		
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	ITEM 4: CREDITORS 000 or more was owed during nt transactions for the purchas	the disclosure period and the se of consumer goods.	original amount and		
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING		
Check here if entry is None  ✓ Check here if additional sheets are attached  ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS  List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or						
organizatio	on, the term of office, and the annual compens		ng the disclosure period in an	y business of		
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION		
Cha	ck here if entry is None		Check here if additions	al sheets are attached		

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

property tri	at is your personal residence of the personal residence of	your spouse or dependent childre	en need not be listed.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	X MAP VALUE
Che	ck here if entry is None	✓ Check here	if additional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACC		
List interes Real prope	ts in real property in or outside of the State acquired during trty that is your personal residence or the personal residence	the disclosure period, if the inte	rest has a value of \$10,000 or more. children need not be listed.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
✓ Che	ck here if entry is None	Check here	if additional sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred dur rty that was your personal residence or the personal residence.	ing the disclosure period, if the ir	iterest has a value of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
✓ Che	ck here if entry is None	Check here	if additional sheets are attached

# ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT		NAI	ME OF STATE AGENCY		
✓ Che	ck here if entry is None		Che	eck here if additional she	eets are attached
		NTE			
ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value \$5,000 or more.				rest has a value of	
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
Check here if entry is None Check here if additional sheets are attached					
FILER					
Patricia C Bergin 08/18/2016				2016	
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form)  Date (m/d/yyyy)					

**CERTIFICATION:** By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

Check all that apply. - State Board/Commission Member

Department

Division

**State Employee Position** 

State Board or Commission Name Board of Education

Term of Office Start Jul 01, 2016

Term of Office End Jun 30, 2019

# Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income Kanu o ka Aina Learning Ohana

Item #1 Compensation received E : At least \$50,000 but less than \$100,000

Item #1 Description of services rendered Director, Early Childhood Education

START Item #2 Who holds interest? Spouse

Item #2 Name of Employer/ Other source of income Farm Credit Services of Hawaii

Item #2 Compensation received C: At least \$10,000 but less than \$25,000

Item #2 Description of services rendered Board Director

START Item #3 Who holds interest? Joint

Item #3 Name of Employer/ Other source of income Rental Property Income

Item #3 Compensation received E: At least \$50,000 but less than \$100,000

Item #3 Description of services rendered Rental property management

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

# Category 2: Ownership or Beneficial Interests in Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of business

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value of interest Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value of interest

Item #2 Number of Shares

START Item #3 Who holds interest?

Item #3 Legal name of business

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value of interest

Item #3 Number of Shares

START Item #4 Who holds interest?

Item #4 Legal name of business

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value of interest

Item #4 Number of Shares

START Item #5 Who holds interest?

Item #5 Legal name of business

Item #5 Nature of business

Item #5 Nature of interest

Item #5 Value of interest

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

## Category 4: Creditors Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of creditor Farm Credit Services of Hawaii

Item #1 Original amount owed E: At least \$50,000 but less than \$100,000

Item #1 Amount outstanding E: At least \$50,000 but less than \$100,000

START Item #2 Who holds interest? Joint

Item #2 Legal name of creditor Farm Credit Services of Hawaii

Item #2 Original amount owed D: At least \$25,000 but less than \$50,000

Item #2 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #3 Who holds interest? Joint

Item #3 Legal name of creditor HFS Federal Credit Union

Item #3 Original amount owed D: At least \$25,000 but less than \$50,000

Item #3 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #4 Who holds interest? Joint

Item #4 Legal name of creditor First Hawaiian Bank

Item #4 Original amount owed J: At least \$750,000 but less than \$1,000,000

Item #4 Amount outstanding H : At least \$250,000 but less than \$500,000

START Item #5 Who holds interest? Joint

Item #5 Legal name of creditor First Hawaiian Bank

Item #5 Original amount owed H: At least \$250,000 but less than \$500,000

Item #5 Amount outstanding H: At least \$250,000 but less than \$500,000

## Category 5: Officerships, Directorships, Trusteeships Yes, I have items

# START Item #1 Who holds interest? Filer

Item #1 Legal name of entity Paniolo Preservation Society

Item #1 Title held Founding Director; Past President Board of Directors; Executive Board member

Item #1 Term of Office no term limits, voluntary board

Item #1 Annual compensation

START Item #2 Who holds interest? Spouse

Item #2 Legal name of entity Paniolo Preservation Society

Item #2 Title held Founding director, Past President Board of Directors, Executive Board member

Item #2 Term of Office no term limits, voluntary board

Item #2 Annual compensation

START Item #3 Who holds interest? Spouse

Item #3 Legal name of entity Farm Credit Services of Hawaii

Item #3 Title held Board of Directors, member

Item #3 Term of Office 2015-16

Item #3 Annual compensation C: At least \$10,000 but less than \$25,000

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

# START Item #1 Who holds interest? Joint

Item #1 Street address 66-1520 Puu Huluhulu Rd

Kamuela, Hawaii 96743

**United States** 

Item #1 Tax Map Key 6-6-005-043-000

Item #1 Value I: At least \$500,000 but less than \$750,000

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Value

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

# Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client

Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency START Item #5 Legal name of client

START I Tem #5 Legal name of Ch

Item #5 Name of State Agency

# Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information

By checking this box, you signify and affirm that you are the person whose name appears as the Filer above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law. - I sign and affirm

Filer Name Patricia C Bergin